2002-2003 Annual Report

ADDICTIONS FOUNDATION OF MANITOBA

Leading the way to an addiction free society

2002-2003 ANNUAL REPORT

ADDICTIONS
FOUNDATION
OF MANITOBA

Setting the Stage for the Future

LEADING THE WAY TO AN ADDICTION FREE SOCIETY

MINISTER OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

His Honour Peter Liba
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the privilege of presenting herewith the Annual Report of the Addictions Foundation of Manitoba for the fiscal year 2002/2003.

Sincerely,

Dave Chomiak

ADDICTIONS
FOUNDATION
OF MANITOBA

FONDATION MANITOBAINE
DE LUTTE CONTRE
LES DEPENDANCES

The Honourable David Chomiak
Minister of Health
Winnipeg, Manitoba

Sir,

I have the honour of presenting herewith the Annual Report of the Addictions Foundation of Manitoba for the fiscal year 2002-2003.

Sincerely,

Jim Robertson
Chair
AFM Board of Governors

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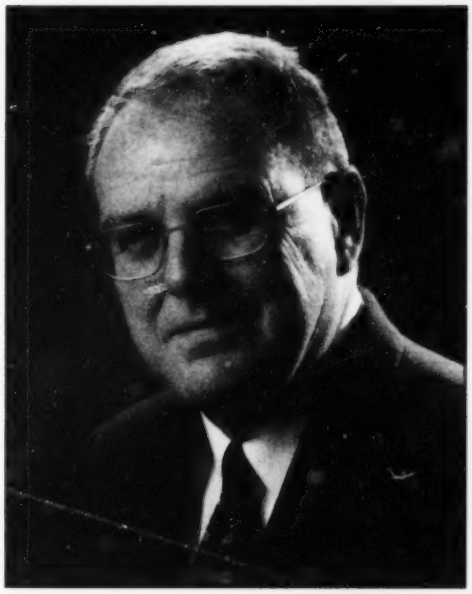
CHAIR'S REMARKS



As Chair for the AFM Board of Governors, I am pleased to present the Annual Report of the Addictions Foundation of Manitoba (AFM) for the fiscal year 2002-2003. This report provides highlights of the organization's activity over the past year.

This has been a year of important accomplishments, most notably:

- The AFM received funding from the Manitoba Lotteries Corporation for four innovative pilot projects in gambling to provide: Adult Residential Rehabilitation; Youth Prevention and Education; Lottery Retailer Training; and an on-site casino Responsible Gaming Information Centre – the first ever in North America.
- The AFM has formed a variety of partnerships to better support the integration of services from various organizations in the province. There are numerous projects which are built on new relationships with Family Services, Education, Health, Justice, specific school districts and the Regional Health Authorities in Manitoba. The Co-occurring Disorders Initiative is one such example.
- This past year the Board of Governors has developed specific Board Policies related to Governance. The Board has identified specific areas for future policy development.

On behalf of the Board of Governors, I want to acknowledge the staff of the AFM for their commitment in providing programs and services that meet the needs of the clients by using their knowledge and skills and by applying practice models to our services.

Jim Robertson
Chair
AFM Board of Governors

CEO'S REMARKS

During the past year, the Addictions Foundation of Manitoba has been setting the stage for its new initiatives.

AFM Provincial Planning Teams have been operating for one year and have made progress in enhancing AFM provincial programs. In our commitment to deliver client-centered services, the teams are responsible for developing and monitoring an annual work plan and for assessing the need for new or revised programs. This approach to program development ensures the knowledge and experience of staff sets the stage for designing and implementing our new and enhanced initiatives.

In June, the final report on the Manitoba Youth Substance Use Needs Assessment was completed. AFM's Research Unit worked in collaboration with a number of Government Departments to conduct this comprehensive Manitoba Youth Needs Assessment in order to set the stage for identifying what programs and services were required to meet the needs of the AFM's target groups. The recommendations contained in this report are being used to develop a proposal for an integrated approach to delivering youth services. AFM has taken a lead role in coordinating the proposal, with the involvement of other Government Departments and Agencies. AFM continues to explore new and innovative programming in this area.

On March 31st, the Train-the-Trainer part of the plan for the Co-occurring Mental Health and Substance Use Disorders Initiative, which is a partnership between the AFM, the Winnipeg Regional Health Authority and Manitoba Health, was completed. This sets the stage for the next phase, which is to implement a Comprehensive, Continuous Integrated System of Care (CCISC) Model across the province.

I would like to acknowledge all AFM employees for their hard work and dedication. This makes it possible for this organization to keep pace, incorporating best practices and principles into our programming.

John Borody
Chief Executive Officer

BOARD OF GOVERNORS

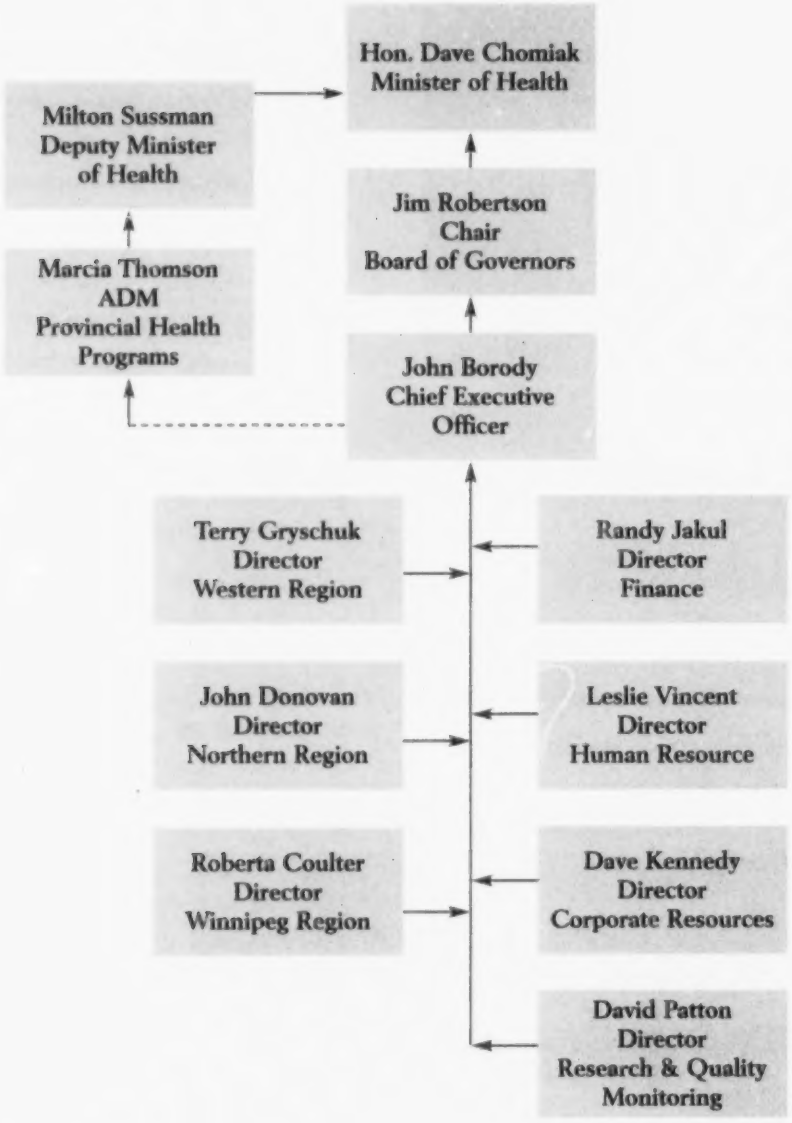
AFM Board Membership
At March 31, 2003

Full Name	*Position*	*Residence*
Jim Robertson	Chair (EPC)	Winnipeg
Robert Crighton	Vice-Chair (EPC)	Brandon
[1]Boyd Kramble	Treasurer (EPC)	Winnipeg
Lanette Bowman	Member (EPC)	Winnipeg
[1]Larry Muirhead	Member (EPC)	Portage la Prairie
Adele Larson	Member	Winnipeg
Dorothy McLoughlin	Member	Winnipeg
Randy Porter	Member	Portage la Prairie
[1]Mildred Guiboche	Member	Thompson
Vicky Yakemishin	Member	Dauphin
Flora Zaharia	Member	Winnipeg
[3]Stephen Edwards	Member	Winnipeg
[1]Marylin Cottyn	Member	Cowan
[4]Bonnie Kocsis	Member	Winnipeg
[1]Michelle Cizik	Member	Ste. Anne

EPC – Denotes membership on the Board's Executive Policy Committee

Members appointed May 2, 2001 for a three-year term to May 2, 2004.
[1]Member appointed March 19, 2003 to May 2, 2004.
[2]Member appointed July 31, 2002 to May 2, 2004.
[3]Members appointed January 9, 2002 to March 21, 2004.
[4]Members appointed January 9, 2002 for three years to January 23, 2005.

AFM ORGANIZATIONAL CHART



As of March 31, 2003

VISION, MISSION, AND CORE VALUES

Vision

Leading the way to an addiction free society

Mission

To contribute to the health and well-being of Manitobans by addressing the harm associated with addictions through education, prevention, rehabilitation and research.

Core Values

- Respect and dignity guides everything we do.
- We work in partnership with self-help groups and organizations to the benefit of our clients/customers.
- We promote healthy communities.
- We are guided by ethical standards and best practices.
- We promote Continuous Improvement and life-long learning.

AFM Corporate Goals

- AFM leadership in the addictions field will be evident.
- AFM will advance its commitment to continuous improvement, which encompasses client/customer involvement, stakeholder and employee involvement, leadership, innovation, risk management and measurement.
- Partnerships will be fostered with allied professional organizations and communities to promote a holistic approach in the development and delivery of AFM services. Primary, secondary and tertiary (rehabilitation) services for families and youth will be enhanced.
- AFM will provide information on addictions to assist individuals in making healthy choices regarding alcohol, other drugs and/or gambling.
- Additional funding sources will be pursued to enhance AFM services.

STRATEGIC DIRECTIONS

Considerable movement towards AFM's Strategic Directions was achieved in 2002-2003. The Strategic Directions are:

- We are driven by "best practices" principles and approaches.
- We are client-centered in our approach.
- We will become better known by our public.

The following table provides a quick reference to the achievements towards the Strategic Directions. These achievements are described elsewhere in this report.

Strategic Direction	Achievement	Page
Driven by "best practices" principles and approaches	• Accountability Model	12
	• Alcohol and Drug Treatment Rehabilitation Program (ADTR)	14
	• Canadian Community Epidemiology Network on Drug Use (CCENDU)	14
	• Canadian Health Network (CHN)	14
	• Co-occurring Substance Use and Mental Health Disorders Initiative (CODI)	16
	• Impaired Drivers Program	22
Client-centered	• Manitoba Justice	15
	• Family Services/AFM Outreach Pilot Project	15
	• Youth Advisory Committee On Tobacco	17
	• Gambling Pilot Projects	17
	• Alcohol/Drug Youth School-Based Projects	18
	• Strengthening Families Initiative	23
Better known by our public	• Canadian Executive Council on Addictions (CECA)	13
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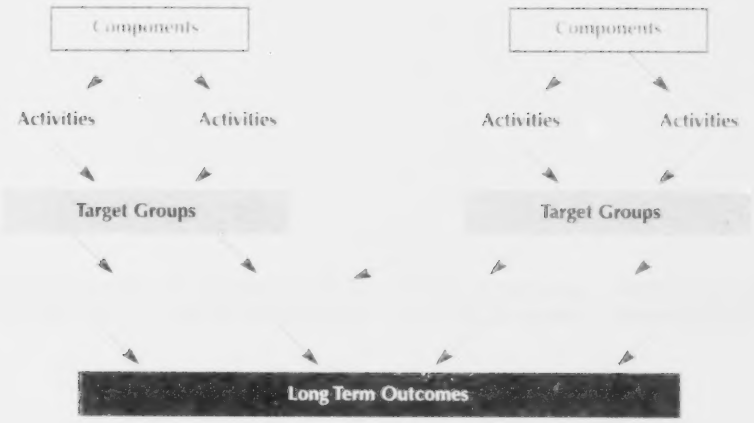
ACCOUNTABILITY MODEL

Setting the stage for the future.

The Accountability Model was designed by AFM Staff and presented at the World Forum in Montreal.



ACCOUNTABILITY MODEL

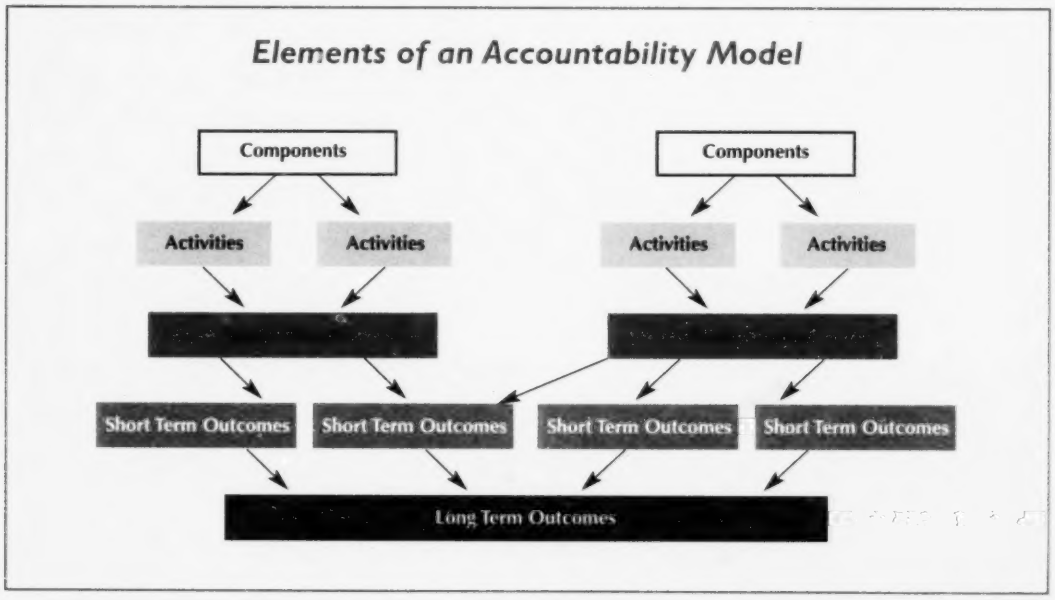
Accountability in terms of attained outcomes remains a serious challenge for addictions rehabilitation programs. In its 46th year, AFM is setting the stage for the future: it is positioning itself for new programming proposal requests and enhancing existing programs using evaluation results and best practices based on the Accountability Model.

Setting the stage for the future.

This model was designed by AFM staff and presented at the *World Forum on Drugs* in Montreal in September 2002. The development of an Accountability Model produces a tool that clearly describes the expected links between activities, outcomes and long-term goals. It is useful for identifying the specific links between program activities and the expected results of these activities, as well as for identifying the program outcomes staff are accountable for.

By using an accountability model, the Research and Quality Monitoring Unit is able to develop an evaluation plan with measurable outcomes that can identify whether a program is producing its desired effect.

The Accountability Model was designed by AFM Staff and presented at the World Forum in Montreal.



LEADERSHIP & PARTNERSHIPS

Issues related to alcohol, other drugs and gambling can most effectively be addressed by the community working together, thus AFM values forming partnerships on an international, national and provincial level to deal with community concerns – whether they be global, national or local.

On the International Level

Part of the sharing of information agreement between the Government of Manitoba and the State of Jalisco encouraged exchange visits focusing on youth's use and misuse of alcohol and other drugs. The other major sharing of information occurred with representatives from the Korea Drinking Culture and Alcohol Research (KODCAR). The purpose of their visit was to collect information and view AFM programs in preparation for the opening of a new hospital, treatment and prevention centre in their own country. The leader of this contingent visited AFM in 1999 prior to establishing the Alcohol Research Foundation in Korea. The visitors were very pleased with the information they received from staff during their time spent with them.

On the National Level

CANADIAN EXECUTIVE COUNCIL ON ADDICTIONS (CECA): The Council's role is to consult with the Federal and Provincial Ministries of Health, Justice and Education on drug and alcohol related issues. The Council's work this past year has included:

- Discussion on the objectives for the National Research Conference on drugs and alcohol being held in the fall of 2003.
- Development of a proposal for conducting a 2003 adult and youth prevalence survey on alcohol and other drugs.
- A status report on the Canadian Problem Gambling Index (CPGI) enhancements.
- Discussion on the need for a proposed cannabis conference by Manitoba.

Issues related to alcohol, other drugs and gambling can most effectively be addressed by the community working together.

CANADIAN CENTRE ON SUBSTANCE ABUSE (CCSA) NATIONAL POLICY WORKING GROUP: The purpose of the Working Group is to identify issues which may have an impact on the national addictions scene. Topics put forward for discussion this year included:

- estimating the costs and benefits of gambling.
- heroin monitoring trials.
- parliamentary Committee Reports implications.
- internet gambling.
- treatment monitoring system.
- evidence-based decision making.
- drug testing in safety sensitive positions.
- Aboriginal policy research.
- screening to detect impairment from psychoactive substances.

CORPORATE HIGHLIGHTS

Alcohol and Drug Treatment Rehabilitation Program (ADTR) Federal: Through the Alcohol and Drug Treatment Rehabilitation Program (ADTR), Health Canada worked with the provinces to improve access to effective and innovative treatment and rehabilitation programs. In Manitoba, this effort resulted in funding support for the Rural and Northern Youth Intervention Strategy. Part of the work of the ADTR was to publish Best Practices documents and to provide the provinces with access to this information through workshops. AFM participated actively on the committees that prepare and evaluate the Requests for Proposals to conduct the research required for these best practices documents. The most recent was entitled "Development of guidelines for best practices for assisting people waiting for substance abuse treatment and rehabilitation in Canada."

CCENDU (Canadian Community Epidemiology Network on Drug Use): Spearheaded by the Canadian Centre on Substance Abuse (CCSA) and guided by a steering committee, CCENDU is a collaborative project involving federal, provincial and community agencies with intersecting interests in drug use, health and legal consequences of use, treatment and law enforcement. The primary goal of CCENDU is to coordinate and facilitate the collection, organization and dissemination of qualitative and quantitative information on drug use among the Canadian population at the local, provincial and national level. CCENDU aims to foster networking among key multi-sectoral partners, to improve the quality of data being gathered and to serve as an early warning system concerning emerging trends. Ultimately, CCENDU strives to support and encourage sound policy and program development related to drug use. The Winnipeg site participated in the national initiative by collecting data from members for inclusion in the Winnipeg report.

CCENDU strives to support & encourage sound policy and program development related to drug use.

Canadian Health Network (CHN)/ Le Réseau canadien de la santé (RCS) (www.canadian-health-network.ca):

A contract with the Canadian Centre on Substance Abuse in Ottawa allowed the AFM to continue developing the Substance Use topic section of CHN. This major national web-based health information resource relies on the AFM to determine the best available information resources in the substance abuse field, catalogue them and make them available electronically through the CHN website. The identification of gaps through a content mapping exercise helped direct further development.

During this year, under the terms of the contract, the AFM placed greater emphasis on the promotion and public awareness of the CHN resource, as well as on quality improvement of the site. Negotiations for a renewed contract have been successful, resulting in an increase in staffing resources (to full-time), as well as increased involvement in trade shows, conference exhibits and public presentations. To view the site, go to www.canadian-health-network.ca and click on *substance use/addictions*.

On the Provincial Level

PROVINCIAL PLANNING TEAMS: All service organizations need a system for accomplishing their service planning. To this end, AFM implemented the Provincial Planning Team model. The primary role of the Provincial Planning Team is to develop the Annual Work Plan for approval by Senior Management, which includes identification of some of the provincial priority tasks, such as:

- conduct program reviews to identify the need for program revisions, then provide the resulting recommendations to Senior Management.
- develop and recommend new programs.
- develop new or revised program resources.
- develop new or revised service documentation systems.
- recommend new or revised operating policies or procedures.

In addition, the Provincial Planning Teams perform two important functions:

- to provide feedback regarding progress in achieving the approved Annual Work Plan.
- to monitor the service environment to determine the need to respond to, as well as the appropriate response to, new challenges to AFM's service delivery.

All service organizations need a system for accomplishing their service planning.

MANITOBA JUSTICE: The AFM entered into two pilot partnerships with the Community and Youth Corrections Branch of Manitoba Justice. The first provided a Community Youth Addictions Worker for Brandon, who worked with both young offenders and those at high risk of offending. The second provided assessment and counselling services to female youth on probation through the Redwood Avenue Office (Winnipeg) of Community and Youth Corrections. Both programs involved staff who were supervised by the AFM but worked on-site in Corrections offices. Both programs also involved the sharing of costs, resources, expertise and knowledge between the AFM and the Youth Corrections Division of Manitoba Justice.

FAMILY SERVICES/AFM OUTREACH PILOT PROJECT: The Department of Family Services and Housing and the Addictions Foundation of Manitoba collaborated in the development of a one-year outreach pilot project for children in care. This pilot, through a half-time outreach counsellor, provided assessment, counselling and referral services to in-care youth identified as: 1) having significant involvement with alcohol, other drugs and/or gambling and 2) being unable to access services at AFM's Youth Community-based office in downtown Winnipeg.

The project received its first client referral in February 2003. The key project goal was to facilitate youth's access to AFM Community-based or Residential programming. A secondary goal was targeted to CFS system workers and related to facilitating staff knowledge regarding alcohol, drug and gambling issues and supporting youth through the change process.

Co-occurring Substance Use and Mental Health Disorders Initiative (CODI): Mental health and substance use service organizations have become more aware and sensitive to clients who have both a substance use problem and a mental health problem. The need to address this population was done through a major joint initiative of the Winnipeg Regional Health Authority, Manitoba Health and the AFM. These three partners funded the initiative and were joined by a large number of stakeholders from both service areas as participants. It was recognized that both disorders can be primary, needing rehabilitation planning that accounts for issues to be addressed in both mental health and addiction domains.

CODI is a fundamental system change, not just a project or program. A service model known as Continuous, Comprehensive, Integrated System of Care (CCISC) has been adopted. The originators of the model were hired by the partnership as consultants for the implementation process. A number of significant milestones have been achieved in this first year of a three to five year project. Some of the achievements are:

- **Consensus Document:** Signing of a Consensus Document by the majority of stakeholders, accepting the principles of the CCISC model and committing their organizations or service units to an action plan for the needed system change.
- **Training the Trainers:** Approximately 35 people from stakeholder organizations were trained in the CCSIC model during this year and now have the responsibility to train other staff in the mental health and addiction service systems. Development of Clinical Training Guidelines was initiated and is nearing completion. This document identifies nine areas of clinical competency applicable to "Dual Diagnosis Capable" programs depending upon the program's existing scope of practice or area of service specialization. A training plan is to be developed next. This training plan will identify how training and consultation services and resources will be made available to stakeholder agencies/programs over the next few years.

Mental health and substance use service organizations have become more aware and sensitive to clients who have both a substance use problem and a mental health problem.

- **Co-occurring Disorders Interagency Network:** The CODI Interagency Network, which is largely comprised of CODI trainers from the Winnipeg area, meet regularly to provide a forum for mental health and addiction clinicians to share information about tough cases they encounter and engage in collective and multi-disciplinary problem-solving.
- **Provincial Plans** to extend this initiative across the rest of the province are being developed, and several meetings have taken place with key stakeholders. The AFM, along with Manitoba Health, is in a unique position to play a leading role in this regard since it is a provincial organization with responsibilities and resources throughout Manitoba.

YOUTH ADVISORY COMMITTEE ON TOBACCO: In March 2002, Manitoba Health approached AFM to take a lead in coordinating a Youth Advisory Committee on Tobacco (YACT) as part of the Provincial Tobacco Strategy. The purpose of the YACT was to ensure that strategies developed by government departments and other community efforts were relevant for young people in Manitoba. Key activities during the year included the development of committee terms of reference, youth selection criteria and nomination procedures, and active recruitment of committee members between the ages of 13 and 18. The first meeting of the YACT was held in Winnipeg in May 2003. Committee members, who represent the diversity of youth across Manitoba, received an orientation to their role and to the Provincial Tobacco Strategy. They began planning initiatives that they viewed as relevant to youth across the province as well as to youth in their home communities.

PILOT PROJECTS

Gambling

LOTTERY RETAILER TRAINING PROJECT

Manitoba Lotteries Corporation's (MLC) Responsible Gaming Policy had a goal that included the need "to advocate the responsible use of its gaming products and promote the necessary services available to those persons with gambling problems" in Manitoba. An important component of advocating responsible use of gaming products was to ensure that customers understand the nature of the game they are playing so they can make an informed choice. Training lottery retailers was seen as one way to address this goal. The Lottery Retailer Training Project, based on the successful program for VLT sites, has been funded as a one-year pilot project.

PROBLEM GAMBLING RESIDENTIAL PILOT PROGRAM

The Problem Gambling Residential Rehabilitation Program began in October 2002 at the AFM's Parkwood facility in Brandon. AFM staff developed a two-week residential program that incorporated the current best practices of other programs and extended best practice to include a family component and financial resources and counselling. Sixteen clients participated in the first three sessions of the program. The program was a pilot project whose evaluation was made possible by funding received from MLC. The evaluation of the outcomes of this program was an important component of the project. Clients were given pre-tests and post-tests to measure the short-term program outcomes. Follow-up interviews were also conducted with clients to assess the long term outcomes.

Responsible Gaming Information Centre

Another component of promoting responsible use of gambling products was the development and implementation of an information centre at the McPhillips Street Station Casino. It was a nine month pilot project staffed by AFM six days a week for a total of about 48 hours per week. Project staff also provided on-call services to both the McPhillips Street Station and Club Regent casinos during all hours the casinos were open. The purpose of the project was to provide on-site guest education, support and referral related to gambling and problem gambling, and to assist senior managers in the casino in resolving difficult guest situations involving problem gambling behaviours. Project staff also participated in voluntary exclusion interviews with the goal of offering counselling and other support services to guests seeking voluntary exclusion. In addition to guest support, staff offered short seminars on topics such as safe gambling and how gambling works to assist guests to enjoy the gambling experience in a responsible fashion.

Middle Years Students Gambling Education & Awareness

As a result of the 2001 student survey, *Substance Use and Gambling Among Manitoba High School Students*, the AFM requested funding from the Manitoba Lotteries Corporation (MLC) in order to develop a program to educate middle years students about gambling and the potential risks involved. The program focussed on the development of a multi-media facilitated session.

Youth School-Based Projects

St. James-Assiniboia School Division

The St. James-Assiniboia School Division approached AFM proposing a pilot project for the upcoming school year. An agreement to share the project cost on a 50-50 basis was established. The project provided:

- on-site AFM assessment and counselling services to students at Sturgeon Creek Collegiate, and AFM leadership in the development and implementation of a school-based Student Assistance Program model.
- education and counselling services to the parents/caregivers of students involved with or affected by alcohol, other drugs or gambling.
- education sessions for Senior 1 & 2 students.

Brandon Middle Years Project

The Brandon Middle Years project continued for a second year in the Brandon School Division. The Brandon Middle Years Program was developed by the Brandon Youth Staff to give grade 7 and 8 students better knowledge regarding alcohol and other drugs, their effects and the harms associated with their use. It also was intended to expand students' skills in dealing with negative peer pressure.

St. James School Division Middle Years Project

A six-session alcohol/drug curriculum was delivered to all grades 7 & 8 students at three of the Division's middle years schools. The key objective of this activity was to provide accurate alcohol/drug information and to assist students in strengthening decision-making skills, thus facilitating their future ability to make healthy decisions regarding substance use. The evaluation design allowed for both the short and long-term impacts of this project.

River-East Transcona School Division

The goal of the pilot project was: "To develop the capacity of the School Division and its surrounding community to provide prevention, education and intervention services targeted to youth alcohol, other drugs and gambling issues." AFM's key areas of responsibility were:

- To provide professional development to Divisional staff regarding youth alcohol/other drug/gambling issues, addressing a continuum of service from prevention to intervention and rehabilitation.
- To engage in community outreach to deliver presentations and workshops, and to liaise and consult with other allied youth community professionals.
- To deliver educational sessions to community parents/caregivers.
- To compile relevant resource materials targeted to students, school staff, allied community professionals and parents/caregivers to ensure that target groups have access to current information regarding prevention/education and rehabilitation.
- To provide on-site AFM assessment and counselling services to students at the junior and senior high level, as well as AFM leadership in the development and implementation of a school-based Student Assistance Program model.

Sunrise School Division

Sunrise School Division requested an expansion of an existing partnership with AFM. For the first time, on-site service delivery to Powerview School was initiated. The key project goal involved the delivery of on-site assessment and counselling services to students and their parents/caregivers, as well as the delivery of alcohol/drug/gambling education to students, staff and parents. The second project goal was to support the school's catchments by providing consultation and education to key stakeholders, including educators and other youth professionals, community leaders, parents and youth.

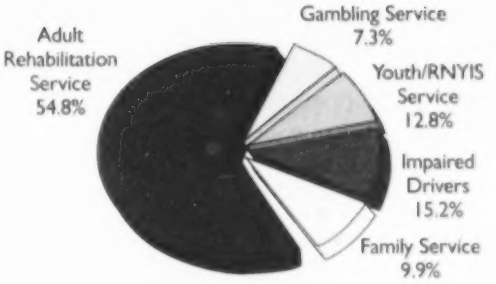
AFM SERVICES OVERVIEW

The AFM provides services related to gambling, alcohol and other drugs. These services address prevention, education, information, training, assessment, rehabilitation and continuing care needs of individuals, organizations and communities.

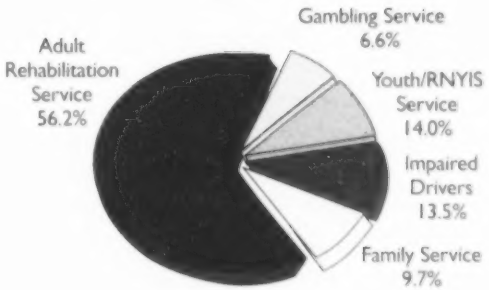
REHABILITATION SERVICES

Five core rehabilitation services are available throughout the province, with some modifications in the delivery and content methodology due to geographic, population and local resource variability. These core services are enhanced by specialized projects and activities, and by additional regional services.

2001-02

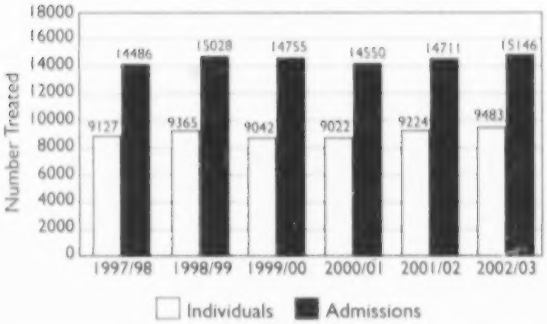


2002-03



In 2002-2003, 9,483 individuals were involved in 15,146 program admissions. This represents a 2.8% increase in individuals served and a 3% increase in program participation compared to 2001-2002. On a six-year trend, the service level continues to be high.

Core Rehabilitation/Programs Six Year Trend



Adult Rehabilitation Services

The AFM has the largest and most diversified complement of rehabilitation programs in the province for adults with alcohol, other drug use or gambling problems. Almost 4,800 individuals participated in Adult Rehabilitation programs in 2002-2003, an increase of 6% over the previous year and an increase of 13% over the last six years.

These services are provided through five residential facilities and offices located in 19 communities across the province. Staff members in each of these communities provide services to many surrounding communities as well. For a complete listing of all AFM office locations and services available, call (204) 944-6233 or the local AFM office and ask for an AFM Directory of Services, or see our website at www.afm.mb.ca

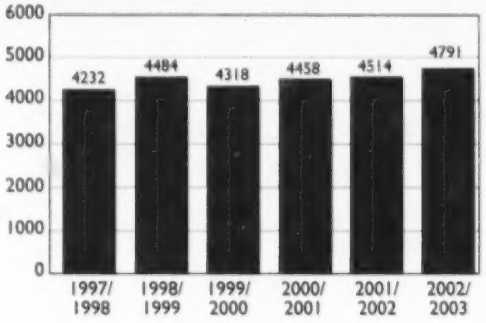
Methadone Maintenance Program

This program is primarily a harm reduction service. All clients entering the program undergo an assessment process, including a medical and psychosocial assessment. The program provides methadone dispensing, urine testing, counselling, rehabilitation planning and goal setting for opiate dependent clients. This program is available only in Winnipeg. This past year 85 clients participated in the program.

Problem Gambling Services

AFM provides services for both gamblers and their families. The program provided service to 501 problem gamblers and to 168 family members. A 1-800 help line allows for 24 hours a day, seven days a week, contact with AFM staff. Calls to the help line increased from 3,443 in 2001-2002 to 3,642 in 2002-2003.

Adult Rehabilitation Services Individuals: Five Year Trends (1997-03)

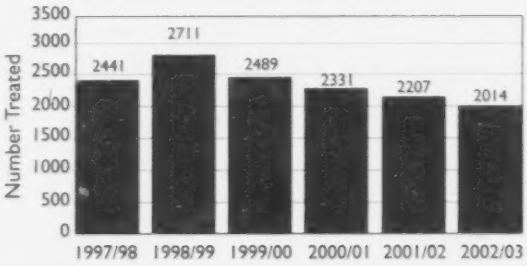


AFM SERVICES OVERVIEW

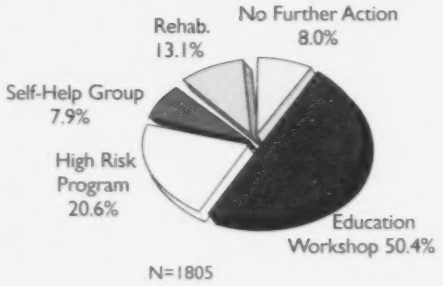
Impaired Drivers Program

AFM's Impaired Drivers Program is an excellent example of a cost recovery harm reduction program. It has been recommended as an effective model for both first time and repeat offenders. The mandated assessment service is fully integrated with educational and high risk services and with AFM rehabilitation services that may be required. This year 2,014 persons accessed the program, a decrease of 8.7% from 2001-2002.

Impaired Drivers Program Individuals: Six Year Trends (1997-03)



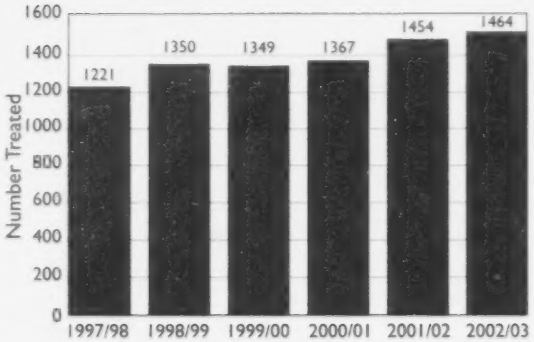
Impaired Drivers Program Referrals: 2002-03



Family Services

Substance Abuse and Problem Gambling can have devastating results for families. A varied group of programs have been developed to assist and support families. These programs take many forms, including one-to-one counselling, group counselling, and family awareness, intervention and therapy. Services are available to family members whether or not the member experiencing addiction problems is receiving service. In 2002-2003, AFM worked with over 1,450 family clients, about the same as last year and an increase of almost 20% from 1997.

Family Treatment Services Individuals: Six Year Trends (1997-03)



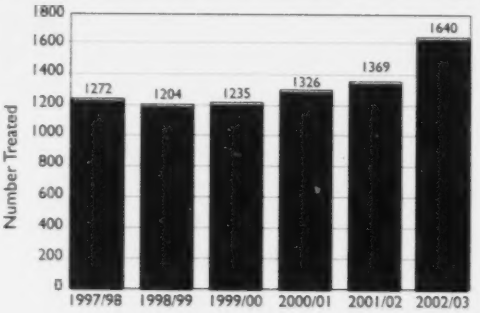
Youth Rehabilitation Services

Youth Community Based Rehabilitation Services

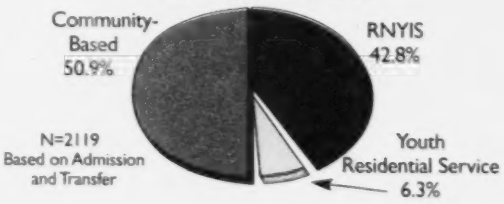
Issues related to providing services for youth are often different from adults. Youth are risk-takers, testing the limits and experiencing life with high energy. This requires a special kind of programming and skilled staff. The AFM provided service in this manner to 1,640 youth in 2002-2003, an increase of 19.8% over 2001-2002 and an increase of 28.9% over six years ago.

Bilingual services are available in this program in the Winnipeg area only. An integral part of services to youth involves including their family. A two year pilot project called **Strengthening Families Initiative** began in January 2001 and focused on providing adolescents and their families with intensive support through family counselling sessions.

Youth/RNYIS Services Individuals: Six Year Trends (1997-03)



Youth/RNYIS Services Admissions: 2002-03



Youth Residential Services

This program offers rehabilitation services for males and females 13-17 years of age. It is suitable for youth who are motivated to make significant changes related to their alcohol/drug involvement and who have been unable to make those changes using community resources. The facility is located in Southport (four kilometres south of Portage la Prairie).

Four years after opening, this program has been officially named the "Compass Residential Youth Program." Just as a compass is a tool used to navigate, the AFM program provides clients with opportunities to discover and apply tools that will assist them to address their issues. While a compass does not determine the destination, it does assist in moving in the desired direction. This metaphor recognizes the importance of clients defining their objectives and AFM's role as a support in reaching these.

Rural and Northern Youth Intervention Strategy (RNYIS)

As a follow-up to the Rural and Northern Youth Intervention Strategy Program Evaluation conducted in 2000, a revised program logic model was developed to identify the current program goal of providing province-wide youth counselling on alcohol and other drugs.

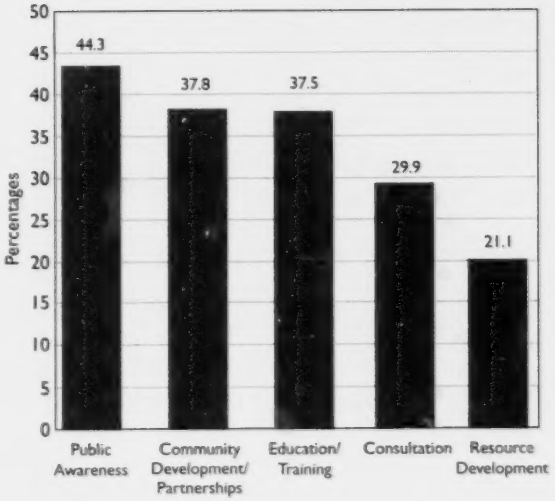
A new Parents Intervention Program designed for use with parents and caregivers of RNYIS clients was developed and distributed to RNYIS program staff province-wide. All provincial school partners were invited to participate in a bi-annual conference on the implementation/maintenance of school-based Student Assistance Programs.

PREVENTION AND EDUCATION SERVICES

In addition to rehabilitation services, a wide variety of prevention and educational services are provided across the province. In 2002-2003 AFM staff completed 1,988 activity reports that described 3,905 different prevention and/or education activities in which they were involved. These were attended by 45,243 individuals, an average of 22.8 participants per activity, province-wide.

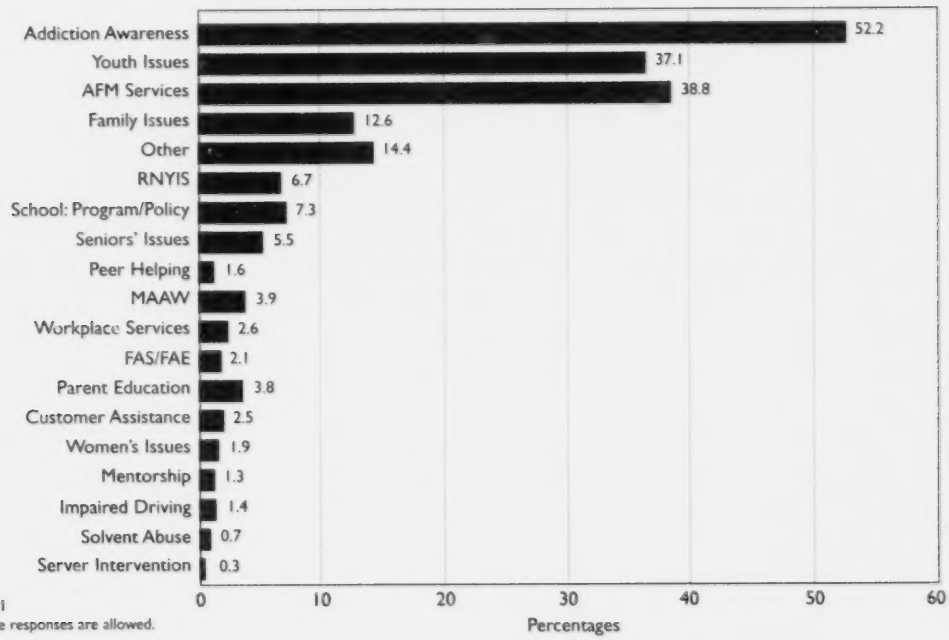
The primary focus of these activities is indicated in the table below. Understanding Addiction continues to be the major focus for more than half of all activities. Youth Issues is the second most frequently requested topic followed by AFM Services. The wide variety of topics is worthy of note.

2002-03 Prevention & Education Activities: Type of Activities



N=1957
Multiple responses are allowed.

Prevention & Education Activities 2002-03



N=1721
Multiple responses are allowed.

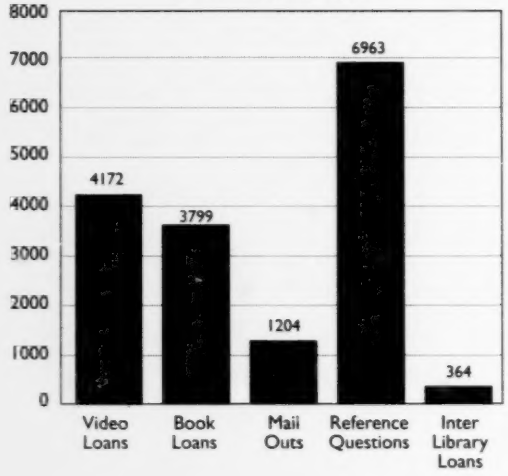
William Potoroka Memorial Library

Manitobans count on AFM Library resources and services for help with personal and/or family challenges, educational programming, healthcare/social service provision, workplace issues and prevention/rehabilitation program development, support and enrichment. The Library provides free, province-wide access to over 5,400 books, 90 audiotapes, 890 videos, kits and CDs, and 70 professional/academic journals and newsletters, and it operates as the distribution centre for AFM publications. Strong demand for resources/services continued in 2002-2003, with 7,971 resources circulated, 6,963 reference questions answered, 364 Interlibrary Loan requests filled and 1,204 information packages, including brochures, booklets, reports and bibliographies distributed.

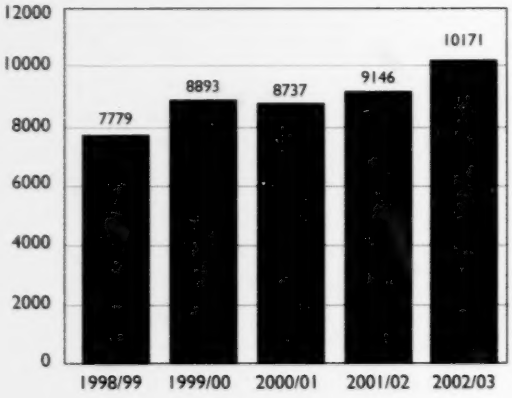
This year represents the highest level of Library use ever, with 10,171 customers served. The majority of the more than 9,800 Manitobans registered as Library borrowers are members of the public, and this user group continued to grow in both size and diversity with the addition of 649 new borrowers in 2002-03.

Some of this year's Library initiatives include: operating/promoting a public access Internet site as part of the Community Connections Program; developing and publishing the Manitoba Addictions Awareness Week (MAAW) resource kits and website content in English and French; co-chairing the Service Inventory Development Committee and contributing to its work in developing an inventory of resources, services and programs available to Manitoba women at risk of having a baby affected by substance misuse.

2002-03 Library Service Activity by Type



Five Year Comparison of Customers Served



This year represents the highest level of Library use ever, with 10,171 customers served.

Adult Education Services

The Adult Education Services Team (AEST) was assigned the task of determining strategies for the next three years to ensure all non-credit courses have a standardized format. The content of the courses will not be reviewed or evaluated unless directed by management. This team has also been directed to determine courses that would become required training for AFM staff.

Adult education services provide both knowledge and skill development in issues pertaining to alcohol, other drugs and gambling.

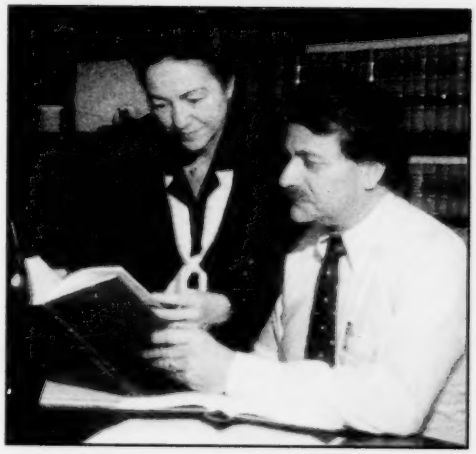
Adult education services provide both knowledge and skill development in issues pertaining to alcohol, other drugs and gambling. Part of these services includes the delivery of standardized courses province wide. These courses form the Addictions Specialty segment of the Applied Counselling Certificate Program offered by the University of Manitoba. They also form part of the curriculum of designated programs at other educational institutions. There were a total of 43 standardized courses delivered with a total of 485 participants of whom 182 took the course for a credit.

Workplace Services provides a course on Workplace Initiated Interventions. There were 15 such courses offered with 300 participants. The majority of these courses are part of other agencies' supervisory/management training.

RESEARCH AND QUALITY MONITORING

The role of the Research and Quality Monitoring Unit is to both evaluate current AFM programs and pilot projects and to encourage research that will provide AFM with insight into the addiction process. As part of evaluating AFM programs, the following evaluation projects were completed in this fiscal year by Research and Quality Monitoring:

- The Prairie Research Omnibus Survey showed that the public is becoming more aware of AFM's services. The main source of this awareness was television advertisements.
- The Transcona School Division Partnership showed that AFM counsellors are able to help school counsellors and teachers improve their ability to deal with addiction-related issues.
- The Keeping Your Shirt On evaluation showed that a high school prevention program was able to increase students' knowledge about gambling.
- An evaluation of AFM's Methadone Maintenance Program showed that the clients were healthier, had fewer legal problems and were using less opiates.
- An evaluation of the Strengthening the Families initiative indicated the usefulness of this program for helping young people.
- The evaluation of the Brandon Middle Years project, which delivered drug-related material to students in grades 7 and 8, showed that this program could be delivered successfully on a more widespread basis.



- The review of the Problem Gambling Helpline indicated a sharp increase in the use of this resource, likely as a result of television advertising.

Outcome monitoring processes have been developed for a variety of programs through the use of Accountability Models to guide the development of measures. Research and Quality Monitoring has been active in the development of these models and facilitated the process with a number of staff groups.

The Research and Quality Monitoring Unit also made a number of presentations at local, national and international conferences, in addition to participating on a number of national committees and advisory groups.

The Accountability Model guides the development of measurable outcomes.

CORPORATE RESOURCES

Marketing

Public Service Announcements have appeared on a monthly basis in the two major Winnipeg newspapers, totalling 108 advertisements for the 2002-2003 year, with 29 of these being for AFM courses. A generic TV commercial was produced to promote AFM courses. It aired for six weeks over a period of six months. Several ads were placed in Asian community newspapers, French publications and various magazines.

Partnership Advertising

AFM participated in the Responsible Beverage Service Committee's billboard campaign on "Who's Your DD?" that was conducted in December 2002.

Publications

Corporate Resources provided co-ordination for the following publications:

- Compass Program
- FASD (still in progress) for high risk women
- Fast Facts on Gambling
- Fast Facts on Drugs (still in progress)
- Problem Gambling Residential Rehabilitation Program
- An Inside View (8 editions)

Website

AFM enhanced the design of its website as a way to promote its services. The site was redesigned to incorporate the broad range of services AFM provides and to highlight the partnerships and special initiatives in which the organization is involved. There was an increase in the number of publications posted on the website.

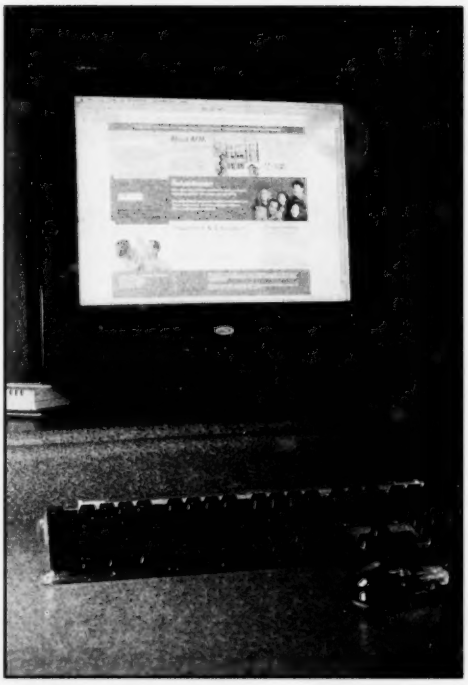
Information Technology

AFM's Wide Area Network expansion was completed in the following offices: Winnipeg Region Youth Community-Based, Family and Women's Services, satellite offices in Virden, Neepawa, Killarney, Portage la Prairie and additional requirements to the Brandon office and James Toal Centre. This brings the total number of offices on the network to 12 with approximately 150 users.

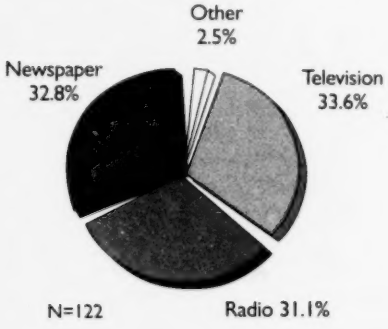
AFM enhanced the design of its website as a way to promote the organization's services.

Media Services

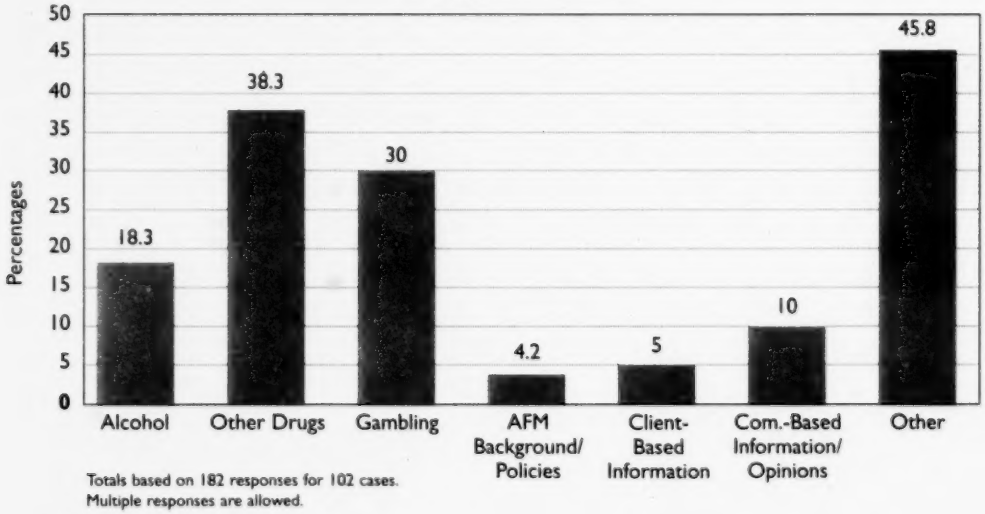
The following charts illustrate the type of media contact and the topics covered.



2002-03 AFM Media Tracking: Media Type



2002-03 AFM Media Tracking: Topic of Contact



Totals based on 182 responses for 102 cases.
Multiple responses are allowed.

ADDICTIONS FOUNDATION OF MANITOBA

(incorporated under the laws of Manitoba)

Financial Statements

March 31, 2003

The accompanying financial statements are the responsibility of management and have been prepared in accordance with accounting policies stated in Note 2 to the financial statements. In management's opinion, the financial statements have been properly prepared within reasonable limits of materiality, incorporating management's best judgement regarding all necessary estimates and all other data available.

Management maintains internal controls to provide reasonable assurance of the reliability and accuracy of the financial information and that the assets of the Foundation are properly safeguarded.

The responsibility of the Auditor and their staff is to express an independent professional opinion on whether the financial statements are fairly presented. The Auditor's report outlines the scope of the audit examination and provides the audit opinion.

Chief Executive Officer

Director, Finance

July 4, 2003

Date

PRICEWATERHOUSECOOPERS

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Facsimile +1 (204) 944 1020

May 23, 2003

Auditors' Report

To the Board of Governors of
Addictions Foundation of Manitoba

We have audited the balance sheet of **Addictions Foundation of Manitoba** as at March 31, 2003 and the statements of revenue and expenditures, changes in net assets, and cash receipts and cash disbursements for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 2003 and the results of its operations and its cash flows for the year then ended in accordance with the accounting policies described in note 2 to the financial statements.

PricewaterhouseCoopers LLP

Chartered Accountants

PricewaterhouseCoopers refers to the Canadian firm of PricewaterhouseCoopers LLP and the other member firms of PricewaterhouseCoopers International Limited, each of which is a separate and independent legal entity.

Addictions Foundation of Manitoba

(incorporated under the laws of Manitoba)

Balance Sheet

As at March 31, 2003

	2003 $	2002 $
Assets		
Current assets		
Cash	1,260,880	1,323,667
Accounts receivable	195,444	210,331
Prepaid insurance	12,740	9,297
Total current assets	1,469,064	1,543,295
Capital assets (note 3)	2,914,658	3,027,372
Province of Manitoba vacation pay receivable (note 2)	667,567	667,567
Province of Manitoba severance pay receivable (note 2)	1,153,316	1,153,316
Province of Manitoba long-term pension funding commitments (note 2)	11,375,070	10,460,029
Total non-current assets	16,110,611	15,308,284
Total assets	17,579,675	16,851,579
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	385,363	386,319
Accrued vacation pay (note 2)	937,491	746,093
Deferred contributions (note 4)	101,500	17,725
Total current liabilities	1,424,354	1,150,137
Accrued severance pay (note 2)	1,334,821	1,300,699
Provision for employee pension benefits (note 2)	11,375,070	10,460,029
Total non-current liabilities	12,709,891	11,760,728
Total liabilities	14,134,245	12,910,865
Net Assets		
Net assets invested in capital assets	2,914,658	3,027,372
Net assets internally restricted (note 5)	776,800	875,900
Unrestricted net assets	(246,028)	37,442
	3,445,430	3,940,714
	17,579,675	16,851,579

Approved by the Board of Governors

_____ Chairman

_____ Treasurer

Addictions Foundation of Manitoba

Statement of Revenue and Expenditures

For the year ended March 31, 2003

	2003 $	2002 $
Revenue		
Government of the Province of Manitoba operating grant	11,741,600	11,511,600
Government of the Province of Manitoba long-term pension revenue (note 2)	915,041	904,414
Other revenue		
Impaired Drivers Program fees	571,625	611,585
Manitoba Lotteries Corporation Funding	1,811,900	1,753,800
School Support Program	237,600	123,900
Recovery of wages, medical and treatment services and travel expenditures	593,114	642,507
Training course fees	92,387	124,997
Donations	10,803	19,489
Interest	54,232	65,789
Property rental	30,125	18,531
Manitoba Health capital funding	92,987	47,065
Parking rentals	17,929	18,372
Manitoba Government Employees' Union	3,427	6,103
Miscellaneous	13,818	13,855
Conferences	47,357	-
Youth Residential Programs	301,526	336,425
	16,535,471	16,198,432
Expenditures (Schedule)	17,030,755	16,166,186
Excess (deficiency) of revenue over expenditures	(495,284)	32,246

Addictions Foundation of Manitoba

Schedule of Expenditures

For the year ended March 31, 2003

	2003 $	2002 $
Salaries	9,186,725	8,928,980
Wages	1,659,713	1,301,209
Advertising and exhibits	65,979	56,615
Amortization	198,846	195,445
Audio-visual aids	23,495	16,580
Audit	8,750	8,350
Board of Governors' honorarium	12,579	10,796
Books, newspapers and periodicals	31,114	37,880
Courier and freight	26,835	21,173
Educational literature	113,788	139,571
Employee benefits	997,474	916,364
Fees	370,681	574,147
Food supplies	296,070	274,888
Health and post secondary education tax levy	230,031	217,540
Household supplies	67,261	68,427
Materials, repairs and maintenance	538,771	367,378
Medical services and supplies	233,654	217,300
Miscellaneous	13,770	19,471
Pension (note 2)	1,344,445	1,292,235
Postage and telephone	288,435	288,518
Printing, stationery and office supplies	248,892	221,548
Rent, insurance and property taxes	351,719	322,420
Staff development	57,494	76,441
Training	26,458	15,811
Transportation of patients	15,884	15,097
Travel and automobile	437,025	361,980
Utilities	184,867	200,022
	17,030,755	16,166,186

Addictions Foundation of Manitoba

Statement of Changes in Net Assets

For the year ended March 31, 2003

				2003	2002
	Invested in capital assets $	Internally restricted $	Unrestricted $	Total $	Total $
Balance - Beginning of year	3,027,372	875,900	37,442	3,940,714	3,908,468
Excess (deficiency) of revenue over expenditures	(198,846)	-	(296,438)	(495,284)	32,246
Investment in capital assets	86,132	(86,132)	-	-	-
Internally imposed restrictions (note 5)	-	(12,968)	12,968	-	-
Balance - End of year	2,914,658	776,800	(246,028)	3,445,430	3,940,714

Addictions Foundation of Manitoba

Statement of Cash Receipts and Cash Disbursements

For the year ended March 31, 2003

	2003 $	2002 $
Cash provided by (used in)		
Operating activities		
Cash receipts from the Government of the Province of Manitoba	11,741,600	11,511,600
Other cash receipts	3,977,492	3,742,130
Cash paid to employees and suppliers	(15,695,747)	(14,880,471)
	23,345	373,259
Investing activities		
Purchase of capital assets	(86,132)	(138,192)
Excess (deficiency) of cash receipts over cash disbursements	(62,787)	235,067
Cash - Beginning of year	1,323,667	1,088,600
Cash - End of year	1,260,880	1,323,667

Addictions Foundation of Manitoba

Notes to Financial Statements

March 31, 2003

1 Nature of the Foundation

The Foundation is incorporated under the Addictions Foundation of Manitoba Act. The Foundation is the provincial authority responsible for providing prevention, education and treatment programs related to addictions to individuals and communities; for conducting research into the negative effects of addictions; and in so doing, for promoting the health and well-being of Manitobans. The Foundation is a registered charity within the meaning of the Income Tax Act.

2 Significant accounting policies

a) Government of the Province of Manitoba accounting policies

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles except as in the following areas:

Net assets internally restricted

Net assets internally restricted represent commitments for future expenditures on projects and capital expenditures approved in the current year. At the time the commitments are settled, expenditures are recorded in the balance sheet or statement of revenue and expenditures as appropriate and the restrictions are reversed.

Province of Manitoba vacation pay receivable

The Foundation was instructed by the Province of Manitoba to record a receivable from the Province and accrue vacation pay liability as at March 31, 1995 for the amount of $667,567. Any subsequent variances in the vacation pay liability are recorded in the statement of revenue and expenditures as the receivable from the Province will remain fixed.

Province of Manitoba severance pay receivable

The Foundation is obligated to pay its employees severance pay upon their retirement. The amount to be paid is based on several factors such as salary and years of service.

The Foundation was instructed by the Province of Manitoba to record a receivable from the Province and accrue severance pay liability as at April 1, 1998 for the amount of $1,153,316. Any subsequent variances in the severance pay liability are recorded in the statement of revenue and expenditures as the receivable from the Province will remain fixed. The accrued severance pay liability is determined based on actuarial probability factors established by the Province of Manitoba Civil Service Superannuation Board.

Province of Manitoba long-term pension funding commitments

The Foundation was instructed by the Province of Manitoba to record a receivable from the Province and accrue a provision for pension costs as at April 1, 2000 for the amount of $8,825,248. The increase in the pension receivable is recorded as Government of the Province of Manitoba long-term pension revenue.

Pension costs

In accordance with the provisions of the Manitoba Civil Service Superannuation Act, the Foundation contributes 50% of the pension disbursements made to retired employees. Pension costs for the year include this contribution as well as the increase in unfunded pension liability during the fiscal year.

The pension liability is determined actuarially every three years with the liability for the intervening years being determined by formulas provided by the actuary. The most recent valuation was completed as at December 31, 2001.

For all new employees hired on or after October 1, 2002, the Foundation is required to pay to the Government of Manitoba an equivalent contribution as follows:

- 5.1% at pensionable earnings up to yearly maximum pensionable earnings (ympe); plus
- 7% on pensionable earnings in excess of ympe.

The Foundation recognizes a reduction in the Government of the Province of Manitoba long-term pension revenue for this equivalent contribution as incurred.

b) Capital assets

Purchased capital assets are recorded at cost and contributed capital assets are recorded at their fair value at the date of contribution. Amortization is provided at the following annual rates:

Buildings	5% declining
Computer equipment	30% declining
Furniture and equipment	20% declining
Leasehold improvements	5% declining

c) Revenue recognition

The Foundation follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenues when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

3 Capital assets

	2003		2002	
	Cost **$**	**Accumulated amortization** **$**	**Cost** **$**	**Accumulated amortization** **$**
Land	535,065	-	535,065	-
Buildings	3,867,430	2,275,302	3,867,430	2,191,178
Computer equipment	497,947	284,687	411,815	211,746
Furniture and equipment	145,695	87,120	145,695	72,477
Leasehold improvements	621,425	105,795	621,425	78,657
	5,667,562	2,752,904	5,581,430	2,554,058
Net book value		2,914,658		3,027,372

4 Deferred contributions

Deferred contributions represent restricted operating funding received in the current period that is related to the subsequent period. Changes in deferred contribution balance are as follows:

	2003 **$**	**2002** **$**
Balance - beginning of year	17,725	-
Less: Amount recognized as revenue in the year	(17,725)	-
Add: Amount received related to the following year	101,500	17,725
Balance - end of year	101,500	17,725

5 Net assets internally restricted

	2003 **$**	**2002** **$**
Balance - beginning of year	875,900	664,000
Operations		
Internal restrictions applied in current year	(113,732)	(239,000)
Internal restrictions for future years	14,632	450,900
	(99,100)	211,900
Balance - end of year	776,800	875,900

Restrictions have been made for the following:

	2003 $	2002 $
Client Database Software Project	30,000	30,000
Human Resource Information System Project	-	12,900
Information Technology Plan - expansion	-	155,400
Ontario Health Referrals potential cancellation	325,000	325,000
Pathways to a Healthier Workplace Conference	21,900	14,800
Provincial Technology Program	100,000	100,000
Women Services Inventory Project	-	14,700
Youth Residential Program - Stabilization Fund	100,000	100,000
Youth Services	199,900	123,100
	776,800	875,900

6 Commitments

Leases

The Foundation leases buildings and equipment under long-term operating leases which expire at various dates between 2003 and 2012. Some of these leases contain renewal options at rates to be negotiated. The following is a schedule by years of future minimum rental repayments required under operating leases that have initial lease terms in excess of one year, as of March 31, 2003:

	$
2004	137,200
2005	113,608
2006	84,975
2007	66,121
2008 - 2012	108,963
	510,867

7 Contingent liability

There is one legal claim against the Foundation. The potential liability, if any, to the Foundation is currently not determinable.

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